

# COMMUNICATING TOGETHER

published by  
Sharing to Learn

A QUARTERLY MAGAZINE ABOUT AUGMENTATIVE AND ALTERNATIVE COMMUNICATION

COMMUNICATING TOGETHER VOL. 10, NO. 4/DECEMBER 1992





## Facilitated Communication: A Good Way to Travel, a Runaway Train, or Both?

SHIRLEY McNAUGHTON  
PETER LINDSAY

Trains are a proven, reliable means of transportation and they've been around a long time. They share the travel consumer with many other forms of transportation. Only when a train becomes overloaded and begins to run away, should we question whether or not a disproportionate number of passengers are using the train and failing to take advantage of other forms of travel.

The view of Facilitated Communication(FC) that we are getting from conferences and publications is that of a train which has been designed by skillful professionals. It has many techniques which have been proven and used through the years, long before they were claimed by FC — physical support applied appropriately, respect for the individual, enjoyment between partners within an interaction, to name but a few. The benefits are there for those who *need* to travel by train. But we must be alert to strong danger signals when everyone is attempting to climb on the train and when the train is speeding too fast. If there are many passengers not knowing where they are going, what is happening while they travel, or what will be the consequences of the trip, an assessment of the transportation mode is needed. Caution is required to ensure that the speed and the dream of the perfect trip do not prevent careful thinking from taking place.

Quite a few people are calling for a reduction of speed and a careful examination of 'the train'. They

advocate reason and investigation. Others are excited about their personal experiences on 'the train' and they encourage others to get on board. In this issue of **Communicating Together**, we're taking a look at both the pros and the cons of FC 'Travel' and what seems to be happening as a result of this fast-moving 'train'. From what we've both heard and read and what Shirley witnessed at ASHA, we'd like to suggest some things to think about and some questions to ask — for those who are considering taking the train and for those who are already on it.

---

**All in all, trains can provide a viable form of transportation for those who need them if the trains keep to the passenger and speed limits.**

---

### Some Pros and Cons

On the positive side, there are many individual success stories relating to FC. Our cover shows one of numerous examples that have been published. There are conscientious, caring professionals exploring and using FC. The techniques of FC include many ideas from good clinical and teaching practice.

On the negative side, there are also conscientious, caring professionals who are very distressed about the seemingly indiscriminate application of Facilitated Communication. Some professionals are feeling cut-off from their clients when no option other than FC will even be considered by parents. Clients are being prevented from exploring the many techniques which have been successfully applied in the AAC field. Some professionals also have concerns that there are few published case studies of individuals which describe FC failures, although

many instances of inappropriate use with negative effects are being identified by clinicians.

Finally, emotions have taken over in many instances and may be driving the process even harder. Some parents now insist on FC regardless of the nature of their child's disability. In extreme situations, AAC professionals are not being allowed to assess clients for non-facilitated technologies which could prepare individuals for future independence. In some settings, *every* individual with communication problems is placed on FC. In others, FC is not available *to anyone*, no matter how appropriate it might be.

---

**It might seem easy and exciting to climb on the same train as everyone else, but it can be devastating for individuals and their families who *should* have been walking, bicycling, flying, or taking a bus, boat or plane.**

---

### So Many Factors to Consider!

An AAC system is:

"an integrated group of components, including the symbols, aids, strategies, and techniques used by individuals to enhance communication."

ASHA, 1991, p.10

FC, on the other hand, is:

"a means of training manual selection skills that can be used in any situation in which choice-making is needed."

Crossley, 1991, p. 22

Thus, from an AAC perspective, FC is one *technique* with accompanying *strategies*. It is important that we learn more about the physical, emotional and cognitive support being provided as the technique is used. We need to understand more about the



nature of the interactive relationship between the individual being facilitated and the facilitator and what makes it a successful interaction. In addition to the communicative relationship, the type of communication being facilitated — i.e., the specific *symbol system* and *aids* being used — must also be considered. Here is where those with AAC expertise can make an important contribution.

The many issues arising out of the unexpected and apparently untutored spelling and writing performance of many individuals using FC need our careful study. According to Rosemary Crossley:

“Facilitation in itself is not directly connected with typing or literacy.”

Crossley, 1991, p. 22

In speaking to this point, David Yoder emphasized at the November, 1992 ASHA Convention that:

“We must explore the literacy environments of those who demonstrate reading and writing skills through FC. We must be reasoned, try to be intelligent, investigate and talk!”

This is very sound advice. It comes from someone who has witnessed the “bandwagon” of operant conditioning in the sixties as well as the “flash in the pan” of AAC in the mid-seventies!

### What Do We Need from Research?

In his ASHA presentation, Jeffery Higginbotham, provided a very helpful focus when he talked of FC as involving a *co-constructive* activity. He compared the interaction between the *facilitator* and the individual being facilitated with that of the *listener/partner* and the AAC user within AAC interactions. In these situations, in fact, within all interpersonal communication, inferencing is occurring and the resultant understanding is co-constructed.

Thus, we see that understanding the role of the facilitator in FC is the greatest challenge of all. If FC is a co-constructive process, then the question will always be — what are the relative

influences on the outcome contributed by the facilitator and the person being facilitated? As Stephen von Tetschner explains in his article, facilitators may not even be aware of the kinds of influence they are providing.

Since many would agree that the facilitator does exert some influence upon the communication, it seems imperative that this influence be acknowledged and that a greater understanding of this process be sought. When life-important decisions are being made, we cannot allow a possibly different agenda or conflict of interest on the part of the facilitator to obscure the intentions of the individual being facilitated. When the primary issue is establishing some form of interaction, whatever means possible for achieving communication should be tried.

Witness the case reported in the article by Anne Archer and referred to by Stephen von Tetschner. In this case, a profoundly disabled young woman began to communicate through FC for the first time when she was 29 years old. Using FC, she reported that her father had been sexually abusing her. After ordering a systematic investigation, the judge concluded that Facilitated Communication could not be used as a reliable communication technique with this woman in the courtroom and returned her to her family. What had been the nature of the *influencing* or the *inferencing* by facilitators in this situation?

FC makes it imperative that we learn more about what can be very aptly called the process of *co-constructed communication*. We need to move research to the level that it will increase our understanding of the role played by the facilitator in co-constructing a message through inferencing. We need to build in safeguards to ensure that the inferencing meets the approval of the facilitated individual. If we agree that enabling an individual

to move towards greater independence is a laudable goal, then we need to be aware of the possibility that competent inferencing by the facilitator could potentially reduce the initiative required of the facilitated individual.

### The Human Fallout

Of course, any individual experiences great distress if he or she encounters a situation where the use of some form of augmented or alternative communication is being prolonged beyond the point when there are many indications that it is inappropriate. In terms of FC, the *train* lacks the proper controls when a youngster with cerebral palsy is becoming increasingly dependent upon facilitators and no attempt is being made by the child's family and professionals to seek AAC options which could lead to greater independence. The ‘train’ is being misrepresented when parents, who are grappling to adjust to having a child with severe physical limitations, are led to think that *only* through an involvement in FC will their child be given a chance to communicate. The ‘train’ is overloaded and some people are aboard who should be travelling in different ways when every child in a class is being put on FC, without regard for individual needs.

It is so easy to believe the popular press and to think that a miracle cure has been found. If only it were that simple! It is equally as easy and as inappropriate to discount a technique based on limited direct experiences or upon situations in which it is being implemented improperly. As always we must strive for a balanced view.

### Some Closing Thoughts

When all is said and done, what should we conclude? We invite reactions as *Letters to the Editor* for the next issue. In the meantime, here are some of our ideas. While they arose from our consideration of FC, many of them apply to AAC in general:



1. The time of any individual with a disability and of their service providers is precious. We should examine carefully the techniques we introduce to be sure that the time of those who use them is being well spent.
2. We should always be evaluating to ensure that once a technique has been implemented, it is doing the job it was intended to do.
3. We must carefully consider the price of *independence* and of *dependence*. As we discussed in the September, 1992 issue of **Communicating Together**, there is no easy answer as to what is the most appropriate point along this continuum for a particular individual.
4. Annalu Waller questions how much could be achieved using *any* technique if the time, caring and attention that is required of FC were devoted to the other approach. This position does not detract from FC, but it does open up the possibility that given equal time and attention, alternative techniques might be able to respond better to the needs of differing individuals.
5. Due to the nature of the co-construction process, we cannot assume total authorship by the person being facilitated. In matters relating to legal and life critical decisions, therefore, safeguards should be sought. In other situations, *establishing* a form of communication may be the most critical issue.
6. The word *facilitator* has been used within AAC for some time. It describes the 'helping without controlling' role very well. Let's try not to lose its broader usage because of its specific application within FC.
7. AAC can learn from the questions being raised by FC. What previously unmet need, for example, is being fulfilled by FC for those who leave AAC programs and go to FC? Could this phenomenon be demonstrating a preference for human rather than technological support?
8. FC and AAC have much to learn from each other. Moreover, this learning can only take place through open dialogue and carefully controlled and clinically valid studies. While these discussions are going on, we should clearly separate the methodology and principles associated with FC from its

application in clinical settings.

9. While the interaction between FC and AAC is taking place, consumers, teachers, families, and clinicians would be wise to do their own careful investigating: exploring FC, considering alternative AAC techniques, and reading the claims and research findings for all approaches with an open but critical and cautious mind.

Train travel has much to recommend it, but we would be foolish to overlook walking, cycling, and car, bus, ship and plane travel. No matter how good the train, it will not take us across the ocean, nor can it replace either walking or plane travel when they are being used appropriately.

### Inside Autism

We have saved the final word in this editorial for those who know the most, for people with autism. First, we want to draw your attention to the thoughts of Paul Farkus on page 15. Paul has provided us with the first *Perspective* written by a facilitated communicator. The following quotes we found particularly insightful:

#### "What is autism?"

"Kind of takes over what I can do....  
Like living parts are fighting for control....  
Very often can't say what we mean....  
We are trapped in our minds. Please help us."

We have also recently discovered a publication by another person — not a facilitated communicator — who has added tremendously to our appreciation of the life experiences and thinking capabilities of individuals with autism. In her book, *Nobody Nowhere*, Donna Williams, a 29-year-old woman describes her childhood and early adult years. Her revelations are stunning and should be required reading by anyone interacting with persons who communicate in different ways. Donna taught her brother about "singing a tune over and over in his head, if what he was hearing hurt ...about looking straight through

people, even if you had to look into their eyes to convince them you were listening...about jumping up and down as he recited things in order to learn them....about losing himself in the spots....beginning with a dot on the wall and working his way up." (Williams, 1992, p. 41)

In all our thinking about FC, most of us are trying to understand from the outside. Donna and Paul each take us deep inside an individual with autism. We give the last word to Donna:

*"When I spoke, it was important that I knew I was being listened to and that the listener understood the seriousness of what I was trying to communicate and the amount of courage it took."*

Donna Williams, 1992, p. 217.

### A Note From the Editors

In addition to the articles we were able to publish in this issue, we have a comprehensive review of the literature and an annotated bibliography relating to Facilitated Communication by Anne Archer. These materials are now available from Sharing to Learn as part of our informal publication series. An order form is enclosed with this issue of the magazine.

We also recommend Donna Williams' autobiography — Williams, D. (1992). *Nobody Nowhere*. Toronto: Doubleday.

Another particularly pleasant way to learn more about autism is the tape of a radio interview of Donna Williams by Peter Gzowski of the Canadian Broadcasting Corporation.

Tapes can be ordered through:

Morningside Tapes  
Box 500  
Station A  
Toronto, Canada  
M5W 1E6

Make cheques payable to CBC Morningside (\$23.00 Cdn): Donna Williams tape of Nov 3/92 on Autism; allow 4-6 weeks delivery.



## WHERE IS THE 'FACILE' IN 'FACILITATED COMMUNICATION'?

ANNE ARCHER



*Anne Archer has had a great deal of experience working with intellectually impaired children and adolescents. She has just completed an extensive study of the impact of various kinds of technology on the language development of these children. She is presently finishing her Ph.D in the Department of Instruction and Special Education at the Ontario Institute for Studies in Education.*

The February 16, 1992 issue of *The Sunday Age* (Melbourne, Australia) reported the results of a trial investigating allegations of sexual abuse by a 29-year-old woman. The charges were laid against her parents. The woman was considered to be intellectually disabled and minimally verbal. As a result, the trial not only investigated the reports of abuse but also the method of reporting; namely, Facilitated Communication.

Prior to this incident, Facilitated Communication had been used, without much outside interest, to contribute to the communication abilities of disabled persons. Rosemary Crossley was using the technique at the Dignity through Educa-

tion and Language (DEAL) Centre in Melbourne, Australia and similar approaches were used decades earlier in various parts of the world. Douglas Biklen, of Syracuse University, adopted the approach and introduced it to North America.

### Intellectual Disability Review Panel Investigation

The 29-year-old woman's reports of sexual abuse and subsequent court case left Facilitated Communication open to investigation. She had been a client of the DEAL Centre and worked in an associated work centre. In order to address several gaping holes in the woman's facilitated statements, a court-appointed committee was asked to investigate whether the woman could indeed communicate via facilitation. The investigation included tests by psychologists, a psychiatrist, a speech therapist, a speech pathologist, an occupational therapist, and a test for apraxia by Rosemary Crossley. Additionally, and most convincingly for the court, a test of the reliability and validity of assisted communication procedures designed by the Intellectual Disability Review Panel was conducted. Three observers sat behind a one-way mirror and watched the proceedings, which were also videotaped. In order to assess the woman's communicative competence, 40 questions to which the woman knew the answers were tape-recorded by her regular assistant. Four conditions were arranged under which the woman and her facilitator were asked the questions. In condition A, in which neither the woman nor her facilitator wore earphones, 10 questions were asked. The woman got 8 or 9 correct. In conditions B and C, a block of 20 questions was asked. Both participants wore earphones and the

facilitator did not know whether the questions the facilitator heard were the same as or different from the woman's. When the questions were the same, the woman answered four out of ten correctly. When the questions were different, the woman got none of her own answers right but correctly answered four of the questions only the facilitator heard. In condition D, the facilitator heard only music while the woman heard the questions. She was not able to answer any of the 10 questions correctly. The court awarded custody to the woman's family, stating that this particular investigation concluded that the woman could not communicate independently via Facilitated Communication and that there was some doubt as to whether the woman even knew the alphabet.

### Apraxia Theory

Unfortunately, the *Sunday Age* report is not an isolated case. Given that there are many other instances of reported abuse or desires to commit suicide, parents and professionals are finding it imperative to investigate Facilitated Communication thoroughly. Proponents of Facilitated Communication find themselves in the position of having to explain the process more carefully.

To deflect the controversy, Biklen, a researcher and educator who is renowned for his expertise in the field of special education, has proposed what he considers to be a reasonable explanation for why Facilitated Communication is effective. Biklen attributes the difficulties that autistic students have with communication to apraxia, suggesting that the problem is not deficient cognitive abilities but severe expressive disabilities. By apraxia, Biklen means a voluntary



movement disorder. According to Biklen, people who are finding Facilitated Communication to be helpful in overcoming their expressive difficulties, need the facilitation to make their bodies do what they want, when they want to do it. The facilitator provides both the required physical and emotional support to the communication aid user to allow expression to occur. Though Biklen is prepared to admit that the apraxia theory is at the hypothesis stage, Biklen believes that some people are not entirely convinced by this explanation because there has been very little evidence that the communication abilities of autistic people could be dramatically different from their nonspeech communication and echoed and stereotyped speech.

### **Professional Points of View**

Professionals seem to belong to one of three groups: those who believe that Facilitated Communication is a valid technique, the disbelievers, and those who believe there is something happening but would like to know more.

#### **Those who believe**

Many professionals and parents believe that Facilitated Communication is a reasonable approach to use with people with autism. The research literature is rife with arguments back and forth between Kanner's original description and theory about autism and later theories. Kanner believed that people with autism were very intelligent, had excellent memories, sequencing abilities, and reading skills. Subsequent research seemed to point to the lack of ability of people with autism and most professionals, swayed by this research, came to look upon people with autism as mentally retarded. Research on autism is fairly recent and most of it is based, to some extent, on intelligence tests which are expressive language loaded. It is reasonable to assume that we may have made some mistakes. Intelli-

gence tests are not an accurate measure of the capabilities of a person with autism. Perhaps Kanner was right and people with autism do have exceptional literacy skills which have gone unnoticed as a result of the direction past research has taken.

---

**Many professionals are prepared to accept examples of successful Facilitated Communication not as "proof" that Facilitated Communication is a valid technique, but as clinical evidence worthy of consideration, discussion, and investigation.**

---

Rosemary Crossley began working extensively with Facilitated Communication for people with severe communication impairments in an effort to help her clients feel more control over their lives. She began to see an interesting phenomenon taking place and started to write about her experiences. Her writing is from the heart and she provides clinical examples of the results of her work. Many professionals are prepared to accept these examples, not as "proof" that Facilitated Communication is a valid technique, but as clinical evidence worthy of consideration, discussion, and investigation. Much research comes from the clinical field and Crossley's work cannot be ignored.

#### **Those who are concerned**

For every professional prepared to accept that Facilitated Communication is an effective technique, there is one who is, at the least, concerned and, at the most, disbelieving. These disbelievers see the whole approach as mystical and synonymous with a ouija board or Clever Hans phenomenon. The disbelievers are convinced that the facilitators are giving subtle cues to the communication aid users and the thoughts revealed are not entirely those of the user, if at all. On a segment of the Canadian Broadcasting Company's *5th Estate*, Facilitated Communication was presented as a

technique being used in Canada with autistic children. Arguments both for and against the approach were given. As part of this report, young adults with autism were "tested" with their facilitators. Picture cards were used and the communication aid users were asked to type what they saw in the picture. In cases where both the facilitator and the user could see the picture, the user responded correctly. In cases where the facilitator could not see the picture, each user got zero or very few responses correct. The disbelievers frequently cite this program as another example of the ineffectiveness of Facilitated Communication.

Biklen's apraxia theory also gives professionals some cause for concern. Stephen Calculator (1992), a professor of Speech and Language Pathology, is concerned about the possible implications of prematurely labelling a cause for autistic behaviour. Calculator questions why a facilitator would be able to fade the physical support from the hand to a light touch on the shoulder or why the nature of physical support changes from facilitator to facilitator or environment to environment when the person has an "involuntary" muscle disorder. Though he does not rule out the theory entirely, Calculator recommends empirical investigations before labelling the cause. Donnellan, Sabin, and Majure (1992) agree, stating that labelling is unwise at this point because it "...implies a level of understanding not yet achieved" (p. 73). Cummins and Prior (1992) go further by suggesting that apraxia could not explain the phenomenon because Facilitated Communication does not assist the user with control, but in fact, controls the user through movement or subtle cues.

Biklen's definition of apraxia is the inability of a person to voluntarily do what they want, when they want. The Geneva Centre, in Toronto, states that on occasion students run away or give other indications that they do not want



to participate in a Facilitated Communication activity. Therefore, are the students really doing what they want, when they want? And, who is to determine this? According to the Geneva Centre, it is in the student's writing that they say they want to participate even though their actions indicate otherwise.

Rather unfortunately, the 'training' program contributes to the mystical phenomenon and feeds the skeptics' arguments. After a one-day workshop at the Geneva Centre, the participants were considered 'trained facilitators'. The actual hands-on training component consisted of a fifteen-minute practice session with a noncommunicatively-impaired partner. When questioned, the answer was "Facilitation is an art, not a science." No explanations were given for why one person might be able to facilitate and not another, other than one might believe in the process and the other might not.

### Those who are requesting more information

In addition to the professionals who endorse or dismiss this technique, there are many who take a "middle of the road" stance on Facilitated Communication. These professionals are curious about the technique and think that there may be something in this approach. They are prepared to accept that we may have made some wrong assumptions about the nature of autism and the skills and abilities of people with autism. Worried that reports like the *5th Estate* program may dismiss the approach before it has been given full and proper consideration, these professionals are prepared to accept this technique but are requesting more information.

Respected professionals in the field of communicative disorders are recommending that the focus shift from the question of "Does it work?" to "Why does it work?". This question shifts the focus to an understanding how Facilitated Communication

assists in the communicative process rather than its value as a communicative and instructional technique. Others agree that the approach needs to be investigated but recognize the value of observing the technique in clinical settings.

A professional debate has ensued over the apraxia hypothesis. To give Biklen credit, he has always advanced it as a hypothesis and appears to welcome investigation of this idea. Many professionals dismiss this hypothesis altogether without giving Biklen the courtesy of empirical investigation. James McLean (1992), of the Bureau of Child Research, suggests a more moderate approach, believing that there may be some merit to Biklen's hypothesis. He suggests that professional groups can be short-sighted when it comes to new approaches to communication disorders.

Unfortunately, Biklen himself has muddied the waters with his apraxia theory. Biklen has used the technique primarily with people with autism. He believes his involuntary motor control theory might explain some of the behaviours seen in autism and why Facilitated Communication might overcome some of the communication difficulties. As a select group, this may be true for people with autism. However, both Crossley and Biklen state that Facilitated Communication has been found to be effective with people with other communication and/or intellectual disabilities, including Down's syndrome. Biklen has stated that he believes the problem to be one of praxis and implies that this problem applies to other populations. This is not necessarily the case. Had Biklen reserved his apraxia theory to autism, he may have been given more consideration by the professionals involved in the debate.

### Conclusion

Obviously, this debate is a hot potato. There are strong arguments on both sides with neither side prepared to give. One example is Cummins

and Prior (1992), jeering a facilitator for admitting that facilitation is easier to do when the context is known, and forgetting that adults do this with young children and students with delayed speech all the time. It is much easier to repeat clearly and reinforce correctly what might have been said when the context is known. This approach has been accepted for years.

It has been said many times that there are more questions about Facilitated Communication than there are answers. We need to clear the waters from the glut of information that has muddied them and develop systematic questions which address the issue from several perspectives. We then need to look clearly at the answers. 'Facile' means easily persuaded or influenced. Clearly, 'Facilitated Communication' is not a concept which is easily explained or understood, nor is it a technique easily performed. Neither have people been easily persuaded of its validity.

### References\*

- Bicklen, D. (1990). Communication unbound: Autism and praxis. *Harvard Educational Review*, 60, 291-314.
- Calculator, S.N. (1992). Perhaps the emperor has clothes after all: A response to Bicklen. *American Journal of Speech-Language Pathology*, 1(2), 18-20.
- Cummins, T.A., & Prior, M.P. (1992). Autism and assisted communication: A response to Bicklen. *Harvard Educational Review*, 62, 228-241.
- Donnellan, A.M., Sabin, L.A., & Majure, L.A. (1992). Facilitated communication: Beyond the quandary to the questions. *Topics in Language Disorders*, 12(4), 69-82.
- McLean, J. (1992). Facilitated communication: Some thoughts on Biklen's and Calculator's interaction. *American Journal of Speech-Language Pathology*, 1(2), 25-27.

\* A complete reference list and annotated bibliography is available from Sharing to Learn as part of its informal publications series



# FACILITATION AND FACILITATORS

STEPHEN VON TETZCHNER

*Stephen von Tetzchner is a researcher in the Department of Psychology, University of Oslo, Norway. He has undertaken many studies relating to children with speech, hearing and visual impairments, autism and developmental delay.*

'Facilitated Communication' has been around for some time, but lately it has attracted considerable attention from the media. A full understanding of what is going on in facilitated communication still however seems far away. There is not even agreement with regard to who is guiding the movements of the hand, the facilitator or the person who is being facilitated. The answer to that question may not be a simple one, and it may differ from case to case.

According to Rosemary Crossley at the DEAL Communications Centre in Australia, what has been termed 'facilitated' communication is a form of dependent aided communication. The user is pointing at letters on a traditional letter board, or is writing on an electronic communication aid or a computer.

Although many of the users seem to have the necessary mechanical motor skills to point independently, the user is directing the hand of a "facilitator" instead of pointing directly, or is given a larger or smaller degree of support and help when moving the hand. Facilitation seems always to be related to direct selection, and never to dependent scanning, where the communication partner points at letters, words or graphic signs and the user indicates for example with eye blinking or body posture when the partner points at the language unit he or she wants to express.

There are essentially three explanations of facilitated communication:

1. The user has a formerly undiscovered understanding of language and communication, but is unable to speak, sign, or in any other way express his or her thoughts and ideas, except when given extremely sensitive hand guidance, such as in facilitated communication.
2. The written messages do not originate in the mind of the user, but are produced by the facilitator without him or her being aware of this.
3. The written messages do not originate in the mind of the user, but are consciously produced by the facilitator.

The main question that has been raised is whether the disabled person is actually communicating. Discussions have focused on the mind of the user and on the reliability of the facilitators, i.e., explanations 1 and 3. The processes that may underlie the behaviour of the facilitator in those cases where explanation 2 apply have been given little attention.

It is possible to imagine that facilitators could fake 'facilitated' communication to meet their own ends, for example in order to get revenge for something by making the facilitated person accuse parents or others of abuse (cf., Rimland, 1992a). However, if such individuals exist at all, their number is probably so small that explanation 3 may be disregarded in general discussions of practical and theoretical implications of facilitated communication.

Crossley and Biklen argue for explanation 1, but recognize that

there may be some cases where explanation 2 apply, saying that if a facilitator is untrained or the user is in the initial stages of training, the facilitator's thoughts may interfere and influence the message to some degree (see Biklen, 1990). However, in general, they view facilitation as a way to help people demonstrate already acquired language skills. In addition to Crossley's and Biklen's claims (Biklen, 1990, 1992; Crossley, 1990, 1992), there seem to be other, unfortunately not well documented, examples where unexpected abilities have been discovered through facilitation. In a study cited by Biklen (1990), an Australian governmental review panel found evidence for communication skills among four of the six subjects they investigated. Rimland (1991) tells about a telephone call from the mother of a girl who was diagnosed as having cerebral palsy and autism. The mother had started to facilitate the girl's use of a computer, and found her able to communicate. The mother used the discovery to demand that more teaching resources be allocated to the girl. The sceptical school authorities hired a university professor in special education to investigate the matter. Contrary to his expectations and belief, he found that the girl was able to communicate, and accordingly recommended increased teaching resources for her. Rimland, however, does not tell about the methodology used to assess the girl's skills and whether her diagnosis was changed.

There seem to be several possible explanations for why some severely communication disabled people appear to have formerly unnoticed communication skills. It is conceivable that some people with severe



able that some people with severe language disorders are so dyspractic that they are unable to express themselves in speech or manual or graphic signs without some hand guidance and support. This is essentially Crossley's and Biklen's position. However, the need for help from a facilitator may also be an expression of learned dependency, developed unintentionally through intervention (cf., von Tetzchner & Martinsen, 1992). Another perspective may be gained from children with selective mutism, although this group have known language skills because they speak at home with their close relatives. It is important to note that even though they speak at home, the lack of speech in other settings is not a matter of will or motivation. After beginning to speak following intervention, they often tell that they really wanted to speak, but were unable to do so. One may compare their reaction to one many people have experienced: standing by the blackboard while the teacher is pressing for an answer, knowing the right answer, but being unable to say it. The difference is that children with selective mutism experience this most of the time. They are usually well functioning in other areas, and there is rarely doubt about their comprehension of speech. A large proportion of children with selective mutism have early speech and language disorders (Ingram, 1959), and one may speculate that some severely communication disabled people may have developed some language skills that they are unable to use generally, similarly to children with selective mutism. If the individual is intellectually impaired and language comprehension develops late, the surroundings may continue to believe that he or she lacks comprehension even after some skills have been acquired. In this connection it should also be noted that there are several examples of use of non-vocal communication among

children with selective mutism; For example, a former client of mine used pen and paper to express himself. Thus, if a condition similar to selective mutism is the reason why language skills have remained unnoticed in some individuals, one would expect also other forms of alternative communication intervention to reveal their language skills. Lastly, one should not forget that the history of disability is full of mistaken diagnoses (e.g., Deacon, 1974), and judging from the descriptions given by Biklen (1990), some of the Australian cases seem to belong to that category.

The real contribution of the use of facilitated communication may be an improvement of the diagnostic process and thereby more adequate intervention. Thus, when unexpected skills are discovered through facilitated communication, this may be due to a willingness to look for skills among individuals who appear to have very limited abilities, and higher expectations of finding something. This is also emphasized by Biklen. If this is the case, there is no need to change the conception of autism as proposed by Biklen, but rather to correct the diagnosis. Early diagnoses are often tentative, and, for example, it is not unusual that children change from a diagnosis of autism to a diagnosis of receptive dysphasia (cf., von Tetzchner & Martinsen, 1981).

Understanding what has been called facilitated communication, however, is not only a matter of finding plausible explanations for undiscovered language skills. The short history of facilitated communication shows several examples that seem to adhere better with the explanation 2 than with explanation 1. A mother got reports from her daughter's teachers that the daughter with the help of facilitated communication had told them that she had spent the weekend at "Gram's house going down monstrous hills on a sled". The grandmother, however, had been dead for

many years, had been called "Bubba" rather than "Gram", had lived in a third-floor apartment near no hills, and there had never been a sled (Rimland, 1922a). In an Australian case, charges of sexual abuse had been made by a 29-year-old intellectually impaired woman via facilitated communication, and an experimental testing procedure was used to determine whether the communication was really produced by the disabled woman. When both the facilitator and the woman who was facilitated heard the same questions, eight or nine of them were answered correctly. When the facilitator did not know whether the questions she heard were the same as those presented to the retarded woman, four out of ten were correctly answered when they actually heard the same questions. When they were given different questions, none of the questions heard by the retarded woman were correctly answered, but four of the facilitator's questions were answered correctly. If the facilitator heard only music, none of the questions were correctly answered. It may be noted that in spite of the negative test results, Crossley and her associates maintained that the woman could communicate with facilitation, and, implicitly, that the accusations were right (Rimland, 1992b).

When the facilitator used in the testing procedure was told about her own influence on the results, she said that she was not aware of it, and there is no reason not to believe this statement. This implies that there is a need to make apparent and to understand the processes that may govern the facilitator's selection of letters when the movements of the hand are not directed by the disabled person. Insight may come from the research on states of consciousness, e.g., hypnosis and trance. At the turning of the last century, *automatic writing* was very much in fashion, and was seen as a means to gain access to unconscious and dissociated processes of the mind



(see Klein, 1977). It is regarded as a state of trance, but may also be used as part of a general hypnosis (Brownfain, 1967; Gowan, 1975). It is still an integral part of therapies based on hypnotic and suggestive techniques (Moss, 1967). The instruction from the therapist or the self instruction in automatic writing is "to tell the subject that the hand is divorced from the body" (Shaw, 1977, p. 63). I believe that the same or a very similar self instruction, i.e., the attempt to be detached and let the hand move freely without conscious will or direction, must be used when trying to create the sensitive hand guidance that is needed for facilitated communication.

Both Biklen and Rimland suggest that some of the evidence indicating that it is not the disabled person who is communicating, may be caused by untrained facilitators. "All of the people I observed typing "independently", with just a hand on the shoulder, did not type as well for me alone or for other new facilitators" (Biklen, 1990, p. 297). Rimland states that negative evidence may "represent over-facilitated miscommunication: probable inadvertent fabrication by a 'facilitator' whose zeal and imagination have outrun his or her competence and good judgment" (Rimland, 1992a, p.3). Although people may differ with regard to how easy they find it to do automatic writing, it is an acquired skill which becomes easier to perform with training. In general, the time it takes to enter a hypnotic state is reduced with practice (Hilgard, 1967). Thus, contrary to Biklen's and Rimland's suggestions, it may not be the new and untrained facilitators but rather the experienced facilitators who will interfere most with messages a user may be trying to convey, and who are more likely to experience that messages come from a disabled individual who is not actually guiding the movements of the hand. Gurney's experience that she was less successful when she tried too hard (see Biklen,

1990, pp. 297-298), is in accordance with trance phenomena like automatic writing. It should be noted, however, that experienced facilitators may also be better to detect real guiding movements from the disabled person.

An important implication of an understanding of facilitated communication based on automatic writing is that the facilitators will be unable to determine whether it is themselves or the individuals they are facilitating who are guiding the hands. In fact, during automatic writing, the person may have a separate conversation or keep another activity going while writing (Moss, 1967). It may be difficult to convince facilitators, whether they are parents or professionals, that they cannot trust their own experience to decide who is forming the expressions. It is therefore necessary to establish testing procedures similar to the one used in the abuse case mentioned above as part of a standard assessment and evaluation scheme to take place after a period of instruction. In this way, the person who is facilitated gets an opportunity to learn before formal testing is made. It is theoretically conceivable that the expressions initially are dominated by automatic writing of the facilitator and gradually taken over by the user, although this raises the question of how the transfer is achieved. Furthermore, one should not expect all individuals to be able to spell, and graphic signs may also be used in both the training and test stage. There is no obvious reason why dyspraxia should be more accentuated when pointing at letters than when pointing at graphic signs.

If a number of cases of facilitated communication turn out to be automatic writing by the facilitators, which seems to be a plausible hypothesis, it will be necessary to discard "facilitated communication" as information about the functioning of these disabled individuals. However, this does not mean that the "facilitated" output is

without interest. It is not clear what the messages express, but if they do not come from the disabled users, then they must be creations of the minds of the facilitators. And they are not arbitrary expressions. They are created when the non-disabled facilitators are in close contact with a person who is unable to use language, whom the facilitators have often known and cared for for several years. Analyses of the thoughts they attribute to the disabled individuals they believe they are helping to communicate may be a way to gain new insight into the people who work with severely disabled people. Knowledge about the attributions, beliefs and values of those who provide the daily care and intervention is limited, and anything that may contribute to new knowledge in these areas should be addressed carefully. Facilitated communication may turn out to give a significant contribution in an unexpected field.

In Norway, as well as in other countries, cases of maltreatment of severely disabled people living in institutions appear regularly in the media. It is usual to attribute the terrible deeds to flaws in the personalities of those who have performed them, but probably they are not significantly different from other people. Abuse and maltreatment should never be defended, but it is important to be aware of the fact that the abuse also reflects how difficult it may be to work with people who show little or no progress. The intervention goals that should be the incentives for the interventionists and care workers can seem far away, and an uncaring culture may start to grow. For those who work with disabled people, it is important to be aware of the danger of an uncaring culture in order to prevent maltreatment and abuse. However, the inhuman conditions have often been known by others who have chosen to "protect" themselves and those involved by pretending not to know, instead of interfering and trying to



change the conditions. This is a disservice to everybody, including those who did the abuse, who did not get help to break up the destructive culture before the abuse had lasted too long.

In this perspective, the comparatively large number of accusations of abuse made through facilitated communication is of particular interest. There is evidence of a higher incidence of abuse among children with disabilities than among normally developing children (Frodi, 1981; Wescott, 1991), but many of the accusations made through facilitated communication have been proved wrong (Rimland, 1992a,b). The large number of unsubstantiated abuse accusations made via facilitated communication, that is, automatic writing, may reflect that when caring for severely disabled people, the notion of abuse is often close to the minds of the carers. If this is the case, it may be easier to prevent abuse if those who are providing the services become more aware of the abuse and the effect it is having on their facilitation.

In conclusion, facilitated communication is a challenge to research in quite different areas. Both for the

delineation of autism and other forms of severe communication disorders, and for the ability to provide optimal intervention and care, it is important to clarify the diagnoses and to distinguish the contribution of the facilitator from that of the person who is facilitated. Otherwise, the skills of some of those who are facilitated are likely to be overestimated and as a result one will fail to provide adequate intervention for them. For example, many autistic children are able to match and copy letters as well as other visual forms, but this does not mean that they perceive and use them as letters, that is, as a means for communication, nor that they will be able to do so.

---

**The information to be gained from facilitated communication may be about the situation of the care worker or interventionist rather than about the communication disabled person.**

---

Any form of language can only be learned in a communicative context. I have seen teachers and parents spend the time on meaningless letter copying and hand guidance of pointing to letters by children who did not show any compre-

hension of what they were doing, instead of providing functional language intervention because they believed that the goal of the intervention was to reveal skills which the children already had.

For an unknown proportion of the cases, the information to be gained may be about the situation of the care worker or interventionist rather than about the communication disabled person. Also for the facilitators it is important to gain insight into the processes underlying their possible contributions to the facilitated output. Only in this way, may they have a possibility of gaining control of their contributions and become able to provide proper facilitation. Whether it is actually possible to go into a state of dissociated writing without personal interference is not known at present. Dependent scanning is less similar to automatic writing and there is more focus on the diverse signals from the user. It may therefore be less likely to lead to interference. However, to solve the puzzles of facilitation, it seems necessary to apply knowledge about automatic writing and other suggestive and hypnotic states, as well as about caring, communication disorders, language and cognition in general, and aided language in particular.

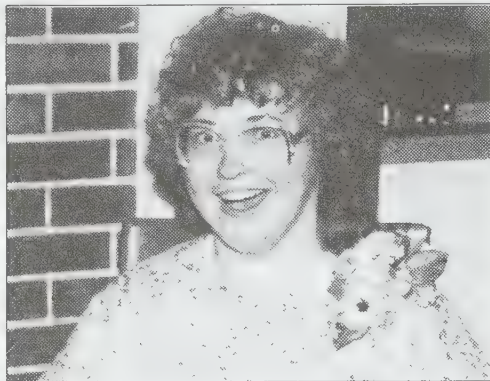
## References

- Biklin, D. (1990). Communication unbound: autism and praxis. *Harvard Educational Review*, 60, 291-314.
- Crossley, R. (1992). Mute is not the same as dumb: Severe communication impairments and intelligence. Paper presented at Fifth Biennial Conference of the International Society for Augmentative and Alternative Communication, Philadelphia, August 1992.
- Cumley, G., & Beukelman, D. R. (1992). AAC facilitator model: The roles and responsibilities of AAC facilitators. Paper presented at Fifth Biennial Conference of the International Society for Augmentative and Alternative Communication, Philadelphia, August 1992.
- Deacon, J. (1974). *Tongue tied*. London: The Spastic Society.
- Frodi, A. (1981). Contributions of infant characteristics to child abuse. *American Journal of Mental Deficiency*, 85, 341-349.
- Gowan, J. C. (1975). *Trance, art and creativity*. Buffalo: Creative Education Foundation, State University College.
- Hilgard, E. R. (1967). Individual differences in hypnotizability. In J. E. Gordon (Ed.), *Handbook of clinical and experimental hypnosis*. New York: Macmillan, 391-443.
- Ingram, T. T. S. (1959). Specific disorders of speech in childhood. *Brian*, 82, 450-467.
- Klein, D. B. (1977). *The unconscious — invention or discovery? A historico-critical inquiry*. Santa Monica, California: Goodyear.
- Moss, C. S. (1967). *The hypnotic investigation of dreams*. London: John Wiley.
- Rimland, B. (1991). Facilitated communication: Problems, puzzles and paradoxes: Six challenges for researchers. *Autism Research Review International*, 5(4), 3.
- Rimland, B. (1992a). Facilitated communication: Now the bad news. *Autism Research Review International*, 6(1), 3.
- Rimland, B. (1992b). A facilitated communication "horror story." *Autism Research Review International*, 6(1), 1 & 7.
- Shaw, H. L. (1977). *Hypnosis in practice*. London: Balliere Tindall.
- von Tetzchner, S., & Martinsen, H. (1981). Autism and receptive dysphasia: Evaluation of comparative studies. *Scandinavian Journal of Psychology*, 22, 283-296.
- von Tetzchner, S., & Martinsen, H. (1992). *Introduction to sign teaching and the use of communication aids*. London: Whurr Publishers; New York: Singular Press.
- Wescott, H. (1991). The abuse of disabled children: A review of the literature. *Child: Care, Health and Development*, 17, 243-258.



## Our Bodies VERSUS Us

KARI & RUTH HARRINGTON



*This time the thoughts are Kari's. We put our heads together to arrange the words.*

I hope you had the opportunity to read Andrew Murphy's article, **Where To From Here?** in our last issue. If you did, I know you will have a better understanding of the pain and frustration experienced by many whose uncooperative bodies keep throwing new obstacles across their path through life.

Although I had met Andrew several times at Bliss functions when he lived in Toronto, I really got to know him much more by reading his previous articles in **Communicating Together**. I have always admired his courage and determination in facing so many challenges. There is no way you would find *me* on a Wilderness Camping Trip! Andrew went twice!

After moving with his family from Toronto to Florida, he left them behind and travelled to northern Pennsylvania to attend Edinboro University. When you are totally dependent on other people to look after all your personal needs, a move like that takes a lot of courage. When you have to take all the responsibility for arranging for the helpers you need to come — at the time you need them — that has to be

an even greater challenge. I was never brave enough to try that either. However, Andrew was determined to succeed and he did, until once again his body came up with more obstacles to make life even more difficult. I chose to follow paths that were closer to the security of my home and family. Even so, my body kept getting in the way of what I planned to do and I can really relate to how Andrew must be feeling.

All my life I have worked to make my body do things but just as it seemed I was making progress, I have had to have orthopaedic surgery. In getting something *fixed* I always *lost* something I had worked to achieve. It took six years and a lot of therapy but I learned to crawl on my hands and knees and to actually make myself sit up in a corner of a room — all by myself. When I was seven I had to have my adductors and ham strings fixed and said goodbye to crawling or sitting anywhere except in a custom-made seat. When I was eleven, (just one year after I had been integrated into our neighbourhood school), the Dwyer Instrumentation straightened my crooked back, but the year of body casts and braces following the surgery made many of my muscles turn to mush.

Until my unexpected brain surgery nearly two years ago, I had a plan to move into my own, brand-new apartment, close to my family home. I even had a hope chest bulging with the things I would need to set up house. Five months after my surgery, the apartment was ready for me, but I wasn't ready for it. I had not completely recuperated and needed the attendance of a registered nurse.

The surgery had to be done, so there was no choice. The doctors even thought there might be an improvement in my physical functioning and a

reduction of my seizure activity once the pressure on my brain was reduced. However, it didn't work out that way. There is more movement on my worse side. Unfortunately, it is the involuntary kind that now causes my leg and foot to fly off my foot rest unless my foot is strapped down, and causes my lips occasionally to go into spasms of trembling and biting. From time to time my bladder stops functioning, which it did for a whole month right after the surgery, and I am now very susceptible to infections. I must take medication for that every day. To boot, I have to take *more* medication for my seizures than I used to and that means increased side-effects. Did you know that Dilantin causes your hair to grow faster and even causes the growth of facial hair? The dentist told me something else about Dilantin. I have capped front teeth after a wheelchair accident and Dilantin is causing my gums to grow down between my capped teeth. Now I will have to have this attended to. You always seem to win and lose at the same time.

Aside from the physical pain it causes, it frustrates me that the workings of my body have more control over my life than I do. However, I have learned to accept my body and do what I have to, to accommodate it. Right now I have chosen to live where my body can get the attention it needs. If I struggle all the time to try to control it, then that is all I would be able to think about. I wouldn't be able to think about or enjoy the things I *can* do. Controlling my mind is up to me!

Andrew's body has brought him to another crossroad in his life right now and he has asked for your ideas and answers to help him make a good decision. If you haven't already, please take the time to write to him.

Andrew Murphy, 89 Colfax Rd., Skillman, New Jersey, 08558, USA



# TEACHING AND LEARNING

## Facilitated Communication and Preschoolers: Our Experience

CATHY PIERCE &  
GARY TWEEDIE



*Kathy Pierce, an early childhood therapist, and Gary Tweedie, a speech-language pathologist, worked together in the Pervasive Developmental Disorders Early Childhood Program at Chedoke-McMaster Hospitals in Hamilton, Ontario for three-and-a-half years. Gary is currently a communication consultant for Clinical and Resource Services at The Geneva Centre in Toronto, Ontario. Kathy continues to provide clinical services through the PDD Program at Chedoke-McMaster Hospitals.*

The Pervasive Developmental Disorders Early Childhood Program (PDDECP) at Chedoke-McMaster Hospitals Child and Family Centre, provides a spectrum of services to support children and their families. Some of the children participate in a therapeutic preschool program at the Chedoke Hospital site, in addition to

attending an integrated community preschool. A team consisting of the child, family, community preschool teacher, resource teacher, other support workers and the PDDECP clinicians work together to provide a consistent, comprehensive intervention program in all environments.

### Our Approach

Facilitated Communication remains controversial at best. For many people, this is especially true when this method of access reveals unexpected literacy and language skills in preschool children. Our intent is not to debate this controversy, merely to share our experience of including Facilitated Communication in the total communication programming of preschool children with a pervasive developmental disorder.

It was our decision not to use "set work" but to introduce Facilitated Communication within functional activities during the child's regular routine. We further enhanced the child's environments with literacy and pre-literacy activities providing increased exposure to the written word. Our emphasis was the development of functional, intentional, independent communication skills. If facilitated access would assist in the development of such independence, we were not adverse to its inclusion.

Enhancing the child's environments with pre-literacy and literacy activities was the least of our challenges. All children are exposed to the written word and other symbols daily — e.g., McDonald's golden arches, road signs, advertising/merchandising (Fisher Price, Nintendo). Most preschool settings enrich their environments through the abundance of puzzles with labels,

books, card games, bulletin boards and putting names on art work. Therefore we had access to many activities and symbols within the environment which could easily be used to focus interactions with the child. We continued to use such basic communication strategies as labeling and describing to draw attention to these early literacy experiences. We found that many of the children focused best when words were printed as they were modelled verbally during activities. This was usually paired with the presentation of sign language and/or Picture Communication Symbols (PCS). We always carried a pad and pencil with us to write unpredictable vocabulary that would arise during activities. We brought chalk with us on outings so we could write on sidewalks, walls and anything else we could deface (white chalk rinses off easily, with just a little water/rain). Other writing surfaces such as "Magna doodle", magic slates and "Ghost Writer" were also useful. It felt like we needed at least six arms so we could respond to each child's communication needs. Most importantly we needed the support of each other to share our experiences and adapt in order to better meet the needs of these children.

### Keeping All Types of Communication

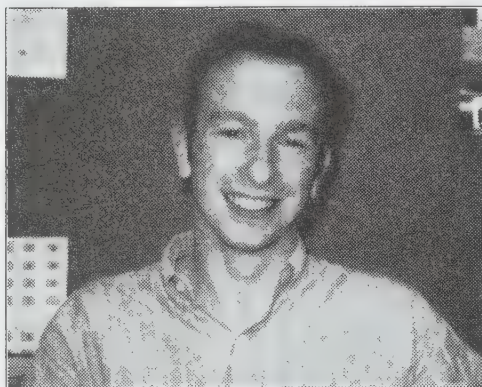
The most independent method of communication was always encouraged, modelled and expected. Facilitated Communication was never used to *replace* independent communications, but rather as a means of expansion when communication broke down. We introduced the children to a variety of communication boards, i.e., PCS, photo with



word, letter, word, theme boards. These boards were introduced into all of their environments. In inclusive preschool environments, PCS boards were accepted and used by *all* of the children in the centre. This provided the opportunities for spontaneous peer interaction, as it was easier for the typical children to understand and use the symbols with their peer with PDD. Some of the typical children thought it was "neat" that the child with PDD was able to spell some words, which in turn seemed to increase their acceptance within the group: "He can't talk, but WOW, he can spell his name!"

There were many activities throughout the day, when facilitated access was provided: for example, painting, drawing, rolling playdough, climbing, bike riding, choosing toys and people to play with, using musical instruments and brushing teeth. How and if each child needed to be facilitated, seemed dependent on the physical and communication demands of the activity. Overall, we felt the children started to remain longer at activities, were more willing to try new activities, were perceived as more active participants. One child, who continuously engaged in stereotypic behaviours

during music, was capable of consistently banging a drum when lightly facilitated at his elbow and seemed to develop independence with many self-help skills.



One thing we have learned is that learning is a two-way street. One non-verbal four-year-old boy clearly indicated his desire for inclusion in team planning meetings, where his behaviour and communication program were being discussed. He would get his own chair if one was not provided. It is important to note, that this child had been described as a child with an extremely short attention span; however he would not leave these hour-long meetings. His expressive communication system was not developed enough to allow him direct influence on

decisions regarding his program, but behavioural variations were noted, indicating his awareness of issues being discussed.

## General Impressions

Our experience was not that of 'magical' literacy skills; instead it was of a group of children displaying a range of abilities. And why should we expect anything else? All of the children were motivated by literacy activities, and made gains in the use of PCS, letters or words for communicative purposes. To reiterate, our goal was not for the children to learn to spell, but to learn to communicate, and if they should learn to spell along the way, great! With communication as our focus, we believed that it was important to expose the children to multiple communication systems in a variety of environments. We relied on the interpretation of intentional behaviours as communicative. We were aware, however, that this was perhaps merely a starting point from which 'intentionality' would need to be continually evaluated. Facilitated access was provided as a way to expand on independent communication when it broke down, and to facilitate the development of play and self-help skills.

Our experience has taught us that we know very little about pervasive developmental disorders and autism. Perhaps we can best learn from people with this disorder. When we asked Ms. Shawna McKittrick, a young woman with autism who uses Facilitated Communication, how we can help preschoolers with autism, she stated "Let them be themselves". We feel this is an important statement to remember when developing programs for any preschooler.

### From the leading edge of the nonspeech communication movement

## AAC: AUGMENTATIVE AND ALTERNATIVE COMMUNICATION

*The Official Journal of the  
International Society for Augmentative and Alternative Communication*

Editor: **Lyle L. Lloyd, Ph.D.**, Professor of Special Education, Professor of Audiology and Speech Sciences, Purdue University

International in scope and transdisciplinary in approach, AAC presents **articles** demonstrating practical applications for your work, **case studies** with direct implications on program development, assessment and intervention, **position** and **research papers**, **conference abstracts**, and much more.

**ORDER YOUR SUBSCRIPTION TODAY.**

**Quarterly/\$48/year personal/\$75/year institutional (U.S. funds)**  
(add \$10/year to subscriptions outside U.S.)

Mail to: Decker Periodicals Inc.  
P.O. Box 785  
Lewiston, N.Y. 14092-785,

§



## Thoughts About Myself and My Autism:

PAUL FARKUS

*Paul Farkas is 20 years old, and began communicating last year, using Facilitated Communication. Before that he was considered autistic and retarded, and was placed in a classroom with a functional curriculum. He calls the years before facilitation the 'poison years' and, although still pained by his autism, he is happy that others finally know that he is intelligent. Paul has been training students and professionals to carry out Facilitated Communication so that he can help other kids like himself learn to type. Here are some of Paul's thoughts about autism, about himself, and about what should be done to help other kids. They were typed on different days, in the course of his conversations with his facilitators. Paul uses a Canon Communicator, a typewriter and a computer in different situations, hence the different type styles. Editorial assistance was provided by Judy Duchan, Professor of Communication Disorders and Sciences, State University of New York, Buffalo.*

**Question: Why do you hit yourself?**

IT IS THE AUTISTIC TRAIT

**What is autism?**

IT TELLS ME WHAT TO DO

KIND OF TAKES OVER WHAT I DO  
IT IS HARD TO DESCRIBE  
IT HURTS ME TO HAVE TO ACT  
LIKE I AM RETARDED  
I AM SMART BUT PEOPLE  
DONT UNDERSTAND  
LIKE LIVING PARTS ARE  
FIGHTING FOR CONTROL  
AUTISM IS DIFFICULT  
BEHAVIOR TO CONTROL

i want people to understand that i want to be like normal kids who go out with girls and have real friends.

i want to help young kids learn to type.

good for me to learn about the world.  
i have alot to say about the world that i live in.  
the world is very frightening.  
very bad to be autistic.

i want people to not yell at me to stay fcalom

there are times when i can't control my thyoughtsa about the aautiewm.

very often we can'ty say what we mean.

i want to have alife just like every-one else.,\nnot the sameb miserable as me.

**My advice to professionals and staff about the kids who have autism:**

the total integration is better.  
you can help the young kids to be better kids.

kids just be cause theyey arebvautistic desmt mean that they are kids forever.

they need to be treated like adults.

**Question: What should people do about helping the kids control their behaviors**

t hey sdhould go try to the tkids for the advice.

**Question: What advice would you have for the employees at the developmental center to help their clients?**

TO TALK TO YOUR STUDENTS  
TPO ALLOW THEM TO THINK  
YOU BELIEVE IN THEIR  
ABILITOIES

**What should we tell the students at UB?**

TELL THEM DIRECTLY TO  
BELIEVE THAT AUTISATIC  
PEOPLE ARE SMART INSIFDE  
THEIR BODIES AND THEY  
WANT TGP TALK

we aretrapped in our minds please help us.

**About the article for the magazine:**

the magasine is the that helps people leafrn to talki.

**Paul typed the following message as the facilitator guessed words and stopped spelling when the guess was correct:**

LKE WRTNG ARTC FOR MAG A  
BEC TH EN AUTSTC SPEAKERS  
WL GET A CHAN TO BD AL-  
WAYS REMEMBERED TO  
AUTSTC SPEAKERS WHO A RE  
NOT Y ET TALKNG .

thanksa for what you sare ri9ctifying  
thje ideras of far away studenhts.

§



## Katie's Story

JANE REMINGTON-GURNEY

*Jane Remington-Gurney is senior clinician at DEAL Communication Centre, Melbourne. Here she describes the program of an autistic student in a special school setting, who uses the Facilitated Communication technique. Jane has been Katie's therapist since 1988 and gratefully acknowledges the contributions from Katie, her parents and teachers in compiling this article.*

Katie is eighteen years old. She was diagnosed as autistic at the age of 3 years. At the age of four years she was placed in a school for intellectually disabled children. Her school program comprised a wide variety of gross motor activities such as walking, yoga, running and riding for the disabled. Fine motor programs were included but were met with limited success. Similarly, attempts to teach Katie signing and to use a communication display were also unsuccessful. Despite having a relatively normal speech and language development for the first two years of life, speech diminished by the age of four.

At the age of fifteen, her teacher who had long felt that Katie was capable of more than she demonstrated, referred her to DEAL. On her first assessment Katie demonstrated an ability to use the Canon Communicator and Epson Keyboards (once the hardware was explained to her) — demonstrating unexpected levels of language and literacy. A transcript of the first session included the following segment:

J: Kate, this is a Canon Communicator (introduced to mechanics of device)  
I bet you could type your name if I held your hand  
K: KKATE  
J: Do you have anything you want to spell?

K: SOM EM  
ANYPEOPLETHINKIAM M U  
CHIDIOTBUTIHAVE JUSTU  
THADORKW ERDSTART  
J: How long have you been able to spell Kate?  
K: TEN YEARS  
J: That must have meant a lot of frustration for you Kate...  
K: Y (J: inhibited)  
OWVERTHEY YEARS I M STILL  
STUING BUTI GET USED TOI (J: inhibited "T")

An alphabet board and later a Canon Communicator was loaned to Katie and a program of training her family and teachers to use the FC technique began. At this initial point of contact she required wrist support to slow her impulsivity and prevent perseveration of pressing keys unnecessarily. Two months later, having received regular opportunity to use FC with her teacher, the support was faded back to elbow and shoulder contact with verbal prompts to "pull back" and "look at the keys" and constant words of praise and encouragement. Katie learned to touch type very quickly.

Unfortunately there was little opportunity to use this communication technique in Katie's residential community unit until 1990 nearly two years after her first contact with DEAL. At that time a training program was approved for the community residential staff and by the end of the year Katie was able to use spelling with facilitation with most of the residential staff.

The efforts of Katie's parents, teacher and residential staff have been well rewarded. Whilst Katie continues to have several challenging behaviours she is now able to express her needs and thoughts with an unrestricted language code. In 1990 Katie had to change schools. It was not possible for the training of her new teacher to take place until the new school term was well underway. In retrospect Katie's

new teacher records that "It wasn't until March 1990 that the Canon Communicator was introduced in my classroom. Immediately Katie's negative behaviours diminished and only reappeared once or twice in really difficult situations — personal or otherwise. Slowly and steadily Katie's accomplishments were increasing. She went from class pasting to doing mathematics, history and language. The emphasis was now taken away from the physical and transferred to the intellectual. From a purely personal point of view, becoming a receiver (communication partner using FC) helped our relationship incredibly. I think I can speak for Katie that we only held contempt for one another in the beginning. We weren't unlike two pieces of a puzzle that wouldn't fit together. After much perseverance and patience we got our act together and now are terrific girlfriends."

In 1991 there was another change of teaching staff for Katie but the training of new people to use FC with Katie, if she chose, was less difficult. Katie had become a good teacher in her own right. She continues to learn quickly, to test language possibilities out for herself and most interestingly, her pragmatics including facial expression, body language and initiations have improved dramatically since FC was introduced. Most recently she has shown a self-taught skill of either not turning the power on or touching but not depressing the keys when she wants to convey a confidential or easily misinterpreted message! I am confident that one day Katie will be independent. She is being encouraged towards that goal, but is offered any level of physical support she requires according to the emotional, physical and contextual situation. The following example of Katie's work was completed in 45 minutes with elbow and sleeve contact.



### From Katie

*I would love to tell you my story. A long time ago there was a baby who had a sick head and got into trouble all the time. Having no way of talking meant that people thought the baby was being silly. She got more and more angry with people. She dreamt of being able to talk, but her dreams were never answered. She came to a house for silly children and was sad for a very long time. 'Maybe one day I'll get better' she said, but she never did.*

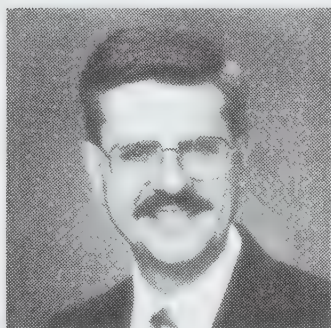
*One day a wonderful thing happened. She was able to talk on a letter machine with a few people who held her hand. It was a very angry, caring, loving, feeling to be able to talk after so many angry years. Having only a few people to talk to is sad, but working with new people was scary too. 'Imagine how it would be if they could not make it work.' 'Imagine what would happen if they said it wasn't me talking.' She decided to only trust a few wonderful people at a time. They would help her.*

*She learned to type with her mum and with her friends and only the best teachers at her school. In time she learned to work with many people but it was still scary. Having an opportunity to talk is all she wants now—and for people not to lie to her about what the future is. She just wants to be able to talk on the machines like this one, everyday. Is this too much for someone like her to ask? Maybe you think it is ...*

§

## Facilitating Technology with FC

PAUL MCPHAIL



*Paul McPhail is the co-ordinator of the Applied Technology Laboratory in Blenheim, Ontario. In this setting the primary goal is applying technology toward greater independence.*

In the last four years, we have successfully introduced to computer-aided-learning, thirty-five children who were diagnosed as being autistic. The procedure consists of the trainer providing verbal prompts verbal/physical prompts, and then verbal/physical/hand-over-hand assistance. The trainer applies support to the hand or arm, while the client pushes to achieve a pointing/selecting response. The technique can be utilized to point to objects, switch(es), pictures, words, to actually spell on an alphabet board, or type on a computer. At no time does the trainer manipulate the individual's direction. I recommend that

attempts to fade this support be made.

The Applied Technology Laboratory at Southwestern Regional Centre opened in November, 1983. Its overriding goal is to analyze, research, plan and develop or arrange for the development of a wide array of aids and devices. These would help developmentally handicapped individuals become more independent and self-supporting within Southwestern Regional Centre or within their home communities. Of the 214 assessments completed in the Lab, a total of 35 (6.11%) clients were found to be diagnosed as autistic and to be involved in the Autism Program. The age range was 3 years to 40 years. There were 2 females and 33 males. We have found Facilitated Communication (FC) to be a valuable method for our clients.

We followed with interest the information we could obtain about FC:

1970's, Melbourne, Australia. Rosemary Crossley works with individuals with cerebral palsy in an institution in Melbourne. People thought to be severely and profoundly retarded are able to communicate by pointing to letters with physical support.

1980's, Ottawa, Canada. David Eastham, a nonverbal young man with autism is able to communicate by pointing to word boards with physical support. In 1982 he is introduced to the electronic memo writer with support. In 1985, he publishes a book of poetry entitled, *Understand*.

1985, Rosemary Crossley successfully introduces the technique to individuals with autism who cannot speak.

1986, Copenhagen, Denmark. Fourteen individuals with severe handicaps living in a group home are able to communicate by pointing to letters on alphabet boards or typing with support.

1990, Syracuse, New York. Biklen uses Facilitated Communication with individuals with autism in the Syracuse city schools.

1991, Ontario, Canada. Facilitated Communication is introduced successfully to children and adults with autism.

Our experience with many of the techniques associated with Facilitated Communication has ranged from using it with a three-year-old using PIKAPEK\*, a five-year-old playing Nintendo, and a twenty-year-old working with software to develop his counting skills, and number and letter concepts. In all cases we have seen the clients become more relaxed, display reduced frustration, become less aggressive and increase their attention span. The process may take months. It requires patience and flexibility. I recommend introducing a random reinforcement schedule. It is exciting to introduce the possibility of an effective communication system to people, who we have long thought had no potential for learning to communicate.

\*Grand River Software, RR3, Paris, Ontario, Canada N3L 3E3

§



## Some Ideas on Facilitated Communication

ANNALU WALLER

*Annalu Waller has just completed her doctorate in Computer Science at the University of Dundee and looks forward to a two-year grant from the Leverhume Trust, beginning January 1993. This will enable her to extend her Ph.D. research to aphasic adults. While in Toronto as the Blissymbol resident specialist, October to December, 1992, Annalu heard lots about Facilitated Communication. Here is her perspective.*

My first exposure to the debate surrounding Facilitated Communication (FC) was at AAC Rounds in Hamilton, Ontario in October. My understanding of communication which was 'facilitated' prior to this had been restricted to augmentative communicators who require physical assistance to access their communication systems. For example, I knew of individuals like Christopher Nolan (author of "Under the Eye of the Clock") and Anne MacDonald (co-author of "Annie's Coming Out"). Christopher uses a headpointer to type on an electric typewriter and Anne points to a letter board. Both authors depend on a human facilitator to control their pointing — neither having found a technological interface which provides them with a more reliable accessing system. I have also had personal experience with a young student, Shelly MacDonald, for whom facilitated pointing is quicker and less tiring than using a scanning device.

When confronted with FC, it is natural to question the validity of the so-called communication. In fact, this was a major stumbling block for all three individuals mentioned above. "Is Christopher/Ann/Shelly

really communicating? Or is it his mother/her teacher/her mother who is subconsciously initiating the movement?" Some cueing and incorrect prediction does occur from time to time. But these situations can be minimized by a perceptive facilitator and a determined communicator.

Knowing the physical exertion required by some nonspeaking people to communicate, I do not have a problem accepting that FC may be an individual's primary means of communication. However, my recent introduction to FC with people who are severely autistic immediately raised a number of questions.

### FC and Autism

Before continuing, let me explain that I have *no* practical experience in the field of autism. My interest in AAC has been restricted to physically disabled people. However, I do have an insatiable fascination with any condition which may impede an individual's communication as I consider this to be the most essential ability we, as humans, have.

The first time I watched a video of a facilitated communicator, I was reminded of physical therapy interventions with children with minimal brain dysfunction. The way in which the facilitator pulled the student's hand away after each pointing action resembled a "breaking up of pattern". If this observation is accurate, it would explain why the student was then able to initiate a new movement. I would not be surprised to learn that there is a physical component to autism for some persons and that Facilitated Communication as an intervention technique can provide us with new insights for these individuals. However, the tendency to regard this technique as a universal solution to communication problems disturbs me!

As with many new techniques/therapies, people tend to be polarized into two distinct groups: those who believe that the intervention is the answer to all problems and those who are opposed to the idea. I was fortunate to attend the keynote address by Rosemary Crossley and Dr. Douglas Biklen at the Fourth Symposium on Autism hosted by the Geneva Centre on October 29, 1992. The following sections summarize some important issues.

### The Question of Validation

Douglas Biklen addressed this topic by relating some conversations he had had with a number of his students. The main observation focused on the quality of the conversation. One student noted that he wrote poetry which none of his facilitators could do. Bicklen also referred to test situations in which it had been demonstrated that many facilitated communicators were communicating their own ideas. He admitted that there are still those who are unable to do this.

It is important to be aware of the need to validate the extent to which the communication of the communicator is guided by the facilitator. Rosemary Crossley conceded that facilitators often cue without even realizing that they are doing this. As she explained, students often play along while enjoying a "free ride". An observation which affects observers' perceptions of the validity of FC is that many communicators do not look at where they are pointing. This can be, and sometimes is, explained through users having knowledge through experience of where they are pointing. Ms Crossley, however, emphasized the need to train students to look where they are pointing to offset the potential for cueing and for disbelief on the part of observers.



## Does Behaviour Always Reflect Conversational Intent?

FC has provided new insights into the nature of autism. The main focus in the understanding of autism was on behaviour and social skills. By observing a person's behaviour, clinicians came to the conclusion that autism resulted in a rejection of all emotional interaction. However, the conversational content of facilitated communicators reveals a dramatically different emotional profile. Autistic individuals often communicate perceptive and caring messages using FC, while at the same time they may be verbalizing and behaving in a totally different manner. It is as if the physical behaviour has NO relevance to the emotional state of the person. A direct contradiction to the idea that behaviour reflects conversational intent!

## Facilitated Communication and Literacy Skills

Another issue needing to be addressed is the reported occurrence sometimes of automatic and correct spelling by individuals who are communicating for the first time. Rosemary Crossley acknowledged that students seldom acquired literacy skills without some teaching. Some students have been exposed to sufficient print to have acquired literacy skills on their own. She emphasized the goal is to transmit a message. For example, the message "IT WOZ NIZ" may be incorrectly spelled, but the message is very clear.

The ability to learn to read on one's own (hermetic reading) is a recognition skill and requires good access to print. Ms Crossley spent some time discussing her ideas that literacy is "caught, not taught". She referred to the need for literacy teaching in past centuries when books and print were not publicly available. But in today's world, students are exposed to print in

shops, on television and in junk mail (to name a few situations). She proposed that reading is no longer learned phonetically, but visually — resulting in visual recollection and therefore better spelling. The suggestion that all students are capable of learning to read concerned me. In my experience with physically and developmentally disabled students, reading and writing is often an extremely complex skill to acquire. Rosemary Crossley did however concede that young children need training and often start communicating with another symbol set.

## The End Goal

In the progression from total facilitation to independence, a systematic reduction of intervention by the facilitator is suggested. In the beginning, facilitation may require hand moulding (where the facilitator actively holds the communicator's hand while s/he types or points).

The site and force of facilitation can be reduced to nothing, according to the individual person. The level of facilitation can vary according to the situation as well, e.g. the communicator may need no support in a relaxed situation, but some facilitation may be needed in a stressful situation. Rosemary Crossley admitted that not everybody succeeds with FC. However, she reported increased independence and less intervention required by most students seen at DEAL. The degree of improvement depends on factors such as: severity; age when first intervention took place; quality of intervention and extent of hand deformity or tremor.

## Using FC as an AAC Strategy

The following points from Biklen and Crossley summarize the use of FC:

- FC should be seen as a technique for improving pointing skills thus enabling choices to be made. FC is not the end product and the goal should always be independence.

- FC is recommended for anyone using finger pointing, especially ambulatory individuals for whom the prescription of a communication device would impede mobility.
- Although there is a perception that most facilitated communicators use spelling, this is not always true. Symbol sets can vary from pictures to letters, but the vocabulary should reflect the peer group. (Anne MacDonald began to point to Blissymbols, but the severity of her pointing limited the number of symbols which could be accessed. Anne indicated the wish to spell which motivated Ms Crossley to begin teaching literacy skills.)
- FC is NOT a cure — it is a technique whereby an individual's skills are used to facilitate development.
- In order to minimize the effects of cueing and misinterpretation, facilitators need to:
  - monitor eyes and encourage eye-contact;
  - monitor output for feedback and development;
  - pull back on hand thus providing the resistance needed by the communicator to initiate pointing;
  - guard against over interpretation;
  - resist the temptation to complete messages for the communicator;
  - reduce support over time.

## Conclusion

I see FC as just another technique which will allow some individuals to communicate their true selves. As with any technique, the observations made cannot be generalized to all speech and language impaired people. Instead, it should be seen as another tool. The most interesting offshoot of FC are the new insights it is providing in the field of autism. There is nothing new about humans supporting the communication of another individual in one-to-one interactions. But, might we be having the opportunity to learn much more from FC? Might we be seeing that technology does not always provide independent communication? And, might we discover that perhaps we have been expecting too much of the current technology?

§



# PAUL'S PLACE

PAUL MARSHALL



Welcome to *Paul's Place*! Let's share together. It is my hope that this column will not be the work of one person but a group endeavour. The impact from a group is much greater! I look forward to a section that is overflowing with ideas on many issues concerning augmentative communication.

Please keep in mind when reading *Paul's Place* that my ideas and point of view come from the experiences and problems I have faced in my life and how I have personally dealt with them. So forgive me if I get lost in my own culture. **Communicating Together** is read in over thirty different countries, each having its own way of life. My goal is that we will start to break down some of the misconceptions regarding augmentative forms of communication and the barriers that nonspeaking persons face on a daily basis.

A little history about myself! I am from a small farming community in southern Ontario. Throughout my childhood I developed and became aware that the world has to be won on the inside. The more I walk through this life, the more I believe it to be true. As my two older brothers and I stood at the Farmers'

Market with our parents, I can remember my first lesson as people stared and thought I couldn't think for myself. I remember when I started going out on my own. The fear of the unknown was sometimes overwhelming. Would I be able to communicate out there? Bad lessons? No! They were and still are, great ones. I learned to meet trials head-on. Boom! A trial comes up. Can we take it and learn as we deal with it or will we let it beat us? Life is made up of tests and trials. We can decide whether we want to make the best of it or look for the nearest exit.

I have learned to hang in through many trials and tribulations. I don't try to find the exit. We all go through difficult times whether we are "handicapped" or "normal". It is our state of mind that really influences the way we lead our lives.

As I stated earlier, we all come from different cultures and backgrounds, but we all have much in common when it comes to managing the trials of life. We also have much in common sharing the joys of life. I often think about each of our lives as a brick. You can't build anything with one brick. It takes many bricks to build a home. In the same way, it takes many of us to build a structure called augmentative communication.

This column can be an opportunity to help others and facilitate a better understanding of augmentative communication. With this in mind, I encourage you to write to me in care of **Communicating Together**. Let's share and grow, at *Paul's Place*.

§

## Letter to the Editor

I read the story in **Communicating Together** about socialization and want to share a story about when I was 13. When I got my Blissboard, I did not want to use it. The reason why I didn't want to use it was because I wasn't grown up enough to know it was important. I didn't want a table in front of me. I was afraid maybe my friends would make fun of me because they talked with their mouths. I saw the light! Now they cannot stop me talking because I have a big finger (mouth). Maybe I will write again.

Aaron Shelbourne

c/o North Yorkers  
for Disabled Persons Inc.,  
2880 Bayview Ave.,  
North York, Ontario,  
Canada, M2N 5K3.

## Join ISAAC Now

The International Society for Augmentative and Alternative Communication (ISAAC) offers members reduced rates for: **Communicating Together**, **Communication Outlook**, and **Augmentative and Alternative Communication** (AAC journal).

For a membership application or other information about ISAAC, write ISAAC, P.O. Box 1762, Station R, Toronto, Ontario, Canada, M4G 4A3.



## Language! Just What Do We Mean?

SHIRLEY McNAUGHTON

Although this issue of **Communicating Together** has as its focus Facilitated Communication (a topic of high current interest), in SymbolTalk we are going to stay with *language* (a topic which seems to be gradually gaining attention). Both topics stimulate our thinking through the differing positions that are being taken. In the September issue, from my perspective, I shared some of the concepts that were presented and discussed at the Philadelphia ISAAC Conference in August. I am pleased, at this time, to include some further thoughts regarding language, sent by Margareta Jennische, speech pathologist in Uppsala, Sweden. Margareta's submission results from many discussions with colleagues both at the ISAAC Conference in August and afterwards with colleagues in Sweden. The discussions regarding language that many of us had at the ISAAC Conference were stimulated by an event held just before the ISAAC Conference — Minspeak™ Conference '92, held in Harrisburg, Pennsylvania, August 4-5, 1992.

### It's Happened!

When I first began writing SymbolTalk, I hoped it would provide a forum for many different ideas about symbols and help direct our attention to the impact of graphic representational systems (GRSs) upon an individual's language, cognitive and literacy development, as well as to the role of GRSs in communication. When I received Margareta Jennische's FAX for

inclusion in SymbolTalk, I knew our forum was beginning!

### Commenting on 'Background'

The Keynote Address at the Minspeak™ Conference, was entitled "Minspeak™: A Tool for Developing Literacy". It was presented by Jane D. Steelman and Patsy Pierce Coleman, and co-authored by David A. Koppenhaver, all from The Carolina Literacy Center, University of North Carolina at Chapel Hill. The extensive experience relating to AAC users and literacy being accumulated at The Carolina Literacy Center was evident in the presentation. We are fortunate to have their program within the AAC field.

For those who are new to Minspeak™, a short description written by its creator, Bruce Baker, follows. The Minspeak™ program applies semantic compaction, which can be viewed as:

the systematic exploitation of a range of strategies to reduce the number of symbols in a conceptual symbol set, to promote automatic processing for accessing large vocabularies. Using approaches similar to that of "fuzzy logic" and "fuzzy sets", the semantic compaction approach looks for the many different notions which can be

seen as imbedded in, associated with, or in any way mnemonically connected to graphic representations. The semantic compaction paradigm exploits the multimeaning potential of iconic graphics to represent a large vocabulary with a small symbol set .... Semantic compaction employs metaphor, metonymy, homophony, synonymy, or the widest possible range of whatever can be memorable for a given individual. Semantic compaction does what its name says. It finds many semantic entities "compacted" into a single graphic.













**Baker & McNaughton, 1992, pp. 3-4.**

And here is further information from Caroline Musselwhite, a well-known proponent of Minspeak:

Icons in Minspeak™ are more than "just pictures". An icon used in the Minspeak system serves as a multi-meaning visual image .... There is no "correct" set of icons in a given Minspeak™ user's system. While a sample set of icons is provided with the purchase of a device using Minspeak™ software, clinician-selected or individually drawn icons can and should also be used. The icons chosen will depend on user characteristics such as: age, cognitive abilities, visual skills, interests, and communication needs.

**Musselwhite, 1988, pp. 3-4.**

### Examples from "A saliency hierarchy of icon usage" (Musselwhite, 1988)

1. primary meanings:	4. salient characteristics:
 APPLE means <i>apple</i>	 APPLE is <i>red</i>
 BOY means <i>boy</i>	 BED is <i>soft</i>
2. category membership:	5. conventionalisms:
 APPLE is a <i>food</i>	 GIRL is <i>nice</i>
 EYE is a <i>body part</i>	 MONEY is <i>evil</i>
3. associated activities:	6. rebus, homophones and puns:
 SUN is to <i>shine</i>	 EYE may be <i>I</i>
 BED is to <i>sleep</i>	 CACTUS may be <i>wood would</i>



As Jane and Patsy presented their ideas on Minspeak™ and *language*, some of us were reminded again how dramatically one's underlying concepts influence the position one takes. In this instance, a particular view of *language* had given Jane and Patsy a very different perspective regarding literacy and language development from that presented to date in SymbolTalk. With their definition of language, taken from Rees (1980), as "a code with structured properties, characterized by a set of rules for producing and comprehending utterances" (p.3), Jane and Patsy were able to view Minspeak as a language. "Minspeak has its own symbols with their own meanings, and its own rules for combining these symbols to produce meaningful utterances" (Steelman, Coleman & Koppenhaver, 1992, p. 2). Jane's and Patsy's presentation was based on a view of *language development* which involved "learning to map a code, which has rules for combining symbols to produce meaningful utterances, upon the syntactic rules of the language of the user's environment." With different definitions of *language*, we have arrived at different points of view regarding *language development*. So here we are again, with terminology complicating things!

### Note the Contrast!

As SymbolTalk readers know, the approach to *language development* presented in this column has focused upon "the development of a complex of separate independently-developing but inter-related component or domain competencies" — described by Snow (1991) and Nelson (1992), and discussed in the June and September issues of SymbolTalk. Given this perspective, each of the several domains of language requires attention when language development and literacy are being considered. This means that our primary interest is the examination of symbols as to their

capabilities with regard to lexicon, morphology, phonology, syntax, speech acts, conversation and discourse. A code approach to language development requires that arbitrary values be given to symbols and that rules be available for producing and comprehending utterances. One might argue that in Minspeak™, there are only rules for *producing* utterances. Minspeak™ 'rules' relate to the sequencing of icons in order to program and retrieve words and sentences in the voice output device. They are not accessible to the listener. Utterances are *comprehended* through the speech output of a programmed device. (Margareta relates to this issue in point 4.) This concern aside, I would argue that viewing language as a code does not provide the kind of information we need as parents, teachers and clinicians in order to understand the many components of language developing within the individual. Many of us seek this multi-dimensional knowledge in order to fine-tune our evaluation of the various symbol sets or systems as they relate to language and literacy development. An approach that leads us away from this information may deflect us from important considerations and cause us to overlook critical developmental issues. In the section that follows Margareta expresses her concerns.

### From Margareta Jennische

There is no doubt that the Minspeak™ idea of coding concepts is great. The net of associations that can be built up around each icon stimulates thinking; the more ingenious the associations are, the more fun. People with good linguistic competence who have a well established conceptual framework are able to make associations in all directions and on all levels. Many therapists like Minspeak™ because it is fun; also many nonspeaking persons who have had a good

language development like Minspeak™.

My serious concern, however, is for the language development in nonspeaking children and in older disabled persons who have not achieved a strong language base and for whom early language concepts are still developing. With the use of all senses, distinctive features are discovered and integrated to form a concept. Sensory integration for the formation of concepts is crucial both from a psychological and a neurological viewpoint. The integration should be so firm that the mere sound of a cat evokes the picture of a cat in the mind, the imagination of its softness and the label 'cat'. And, in reverse, the picture of a cat evokes its softness, smell and sound and its proper label — the spoken (and later written) word 'cat'. Manual signs, Blissymbols and carefully selected picture representations can be proper labels for AAC users, as they enhance the characteristic or distinctive features of the concepts. Recent research has shown strong links between visual perception and concept formation and there are reasons to believe that the strength of association between an icon and a certain concept influences the semantic development of language.

### Margareta's Concerns and Questions

1. What theory supports the use of the Minspeak™ code with children or other persons at the formative stage of language? One should be concerned about the conceptual framework they build up when they don't get an expression for the concept itself but have to learn to associate the concept with other labels, e.g. a face of a boy to express "dirty", and a face of a man to express "pants".
2. A good language development with a rich and well-structured semantic field must be independent from the Minspeak™ code. Possibly Minspeak™ might influence the conceptual structure in a questionable



way. Can we then expect a rich and conceptually well structured *language* development with the use of Minspeak™ as the expressive tool in children with learning disabilities or delayed language development? How?

3. Whether thinking without language is possible has been questioned many times, but that a person's language influences his or her thinking is not questioned in the same way. I recently heard that Minspeak™ had been called a "language". Was that a mistake? If not, what would be the graphic representation of the Minspeak™ language? Can one create new Minspeak™ concepts with the Minspeak™ code? Of course Minspeak™ is meant to be a tool to express English or Swedish or any other language on a certain device with a voice output.
4. The basic weakness of the code is revealed when there is a power failure. The icon sequences mean almost nothing to the other participant in the conversation when disconnected from the voice generator.

I see that my concerns turned into a critique when I tried to make them as clear as possible. It might be right; it might be wrong. But, whatever, it is an expression for the seriousness in my concern which I know I share with many colleagues in many

countries. Because of the special character of the Minspeak™ idea, I think it is very important to have a theoretical discussion which includes knowledge about language development and cognitive capacity.

### Shirley's Summary

Margareta's questioning is greatly appreciated. If language development had received more attention as the many different types of symbols were being produced and introduced to AAC users, these issues would have been dealt with much earlier. Eric Nyberg, a computational linguist at Carnegie Mellon University, has agreed to discuss issues related to symbolic codes and human language competence in the next issue. Patsy Coleman, Jane Steelman and David Koppenhaver from The Carolina Literacy Center will be sharing their ideas about language development in the March issue. We look forward to their contributions and those of any other persons interested in language development and AAC users. We've much to discover to ensure that we meet the representational needs of those who must rely upon symbols no matter what their communication device. We'll try to give *language* the attention it deserves!

### References

- Baker, B., & McNaughton, S. (1992). Introduction to Blissymbol Component-Minspeak™-Words Strategy™ (BMW). *Manual, Blissymbol Component-Minspeak™-Words Strategy™ (BMW)*, pp.1-9. Wooster, OH: Prentke Romich Co.
- Musselwhite, C.R. (1988). What is Minspeak™? *Minspeak™ Words Strategy Manual*. Wooster, OH: Prentke Romich Co.
- Nelson, N.W. (1992). Performance is the prize: Language competence and performance among AAC users. *Augmentative and Alternative Communication*, 8 (1), 3-18.
- Rees, N. (1980). Learning to talk and understand. In T. Hixon, L. Shriberg, & J. Saxman (Eds.), *Introduction to Communication Disorders*. Englewood Cliffs, N.J.: Prentice-Hall Publishers.
- Snow, C.E. (1991). Diverse conversational contexts for the acquisition of language skills. In J. Miller (Ed.), *Research on child language disorders: A decade of progress* (pp. 105-124). Austin, TX: Pro-Ed.
- Steelman, J.D., Coleman, P.P., & Koppenhaver, D.A. (1992). Minspeak: A Tool for Developing Literacy. *Proceedings of the 7th Annual Minspeak™ Conference*, 1-14.

§

## COMMUNICATION OUTLOOK

### FOCUSING ON COMMUNICATION AIDS & TECHNIQUES

COMMUNICATION OUTLOOK is an international quarterly magazine which documents and celebrates augmentative and alternative communication.

To receive a sample issue and subscription form, send this ad to:

COMMUNICATION OUTLOOK Subscriptions, 405 Computer Center, Michigan State University, East Lansing, MI 48824-1042, USA.

Please send a sample issue and subscription form to:

NAME

ADDRESS

CITY

STATE

ZIP/POSTAL CODE

COUNTRY



# CONTENTS

2	<b>EDITORIAL</b> Facilitated Communication: A Good Way to Travel, a Runaway Train, or Both?	PETER LINDSAY SHIRLEY McNAUGHTON
<b>FEATURE ARTICLES</b>		
5	Where is the 'Facile' in 'Facilitated Communication'?	ANNE ARCHER
8	Facilitation and Facilitators	STEPHEN VON TETZCHNER
12	<b>LIVING</b> Our Bodies Versus Us	KARI & RUTH HARRINGTON
13	<b>TEACHING AND LEARNING</b> Facilitated Communication and Preschoolers: Our Experiences	CATHY PIERCE & GARY TWEEDIE
<b>PERSPECTIVES</b>		
15	Thoughts About Myself and My Autism	PAUL FARKUS
16	Katie's Story	JANE REMINGTON-GURNEY
17	Facilitating Technology with FC	PAUL McPHAIL
18	Some Ideas on Facilitated Communication	ANNALU WALLER
20	<b>PAUL'S PLACE</b> <b>LETTER TO THE EDITOR</b>	PAUL MARSHALL AARON SHELBOURNE
21	<b>SYMBOL TALK</b> <i>Language! Just What Do We Mean?</i>	SHIRLEY McNAUGHTON MARGARETA JENNISCHE

**Communicating Together** is published quarterly by *Sharing to Learn* as a means of sharing the life experiences and communication systems of augmentative communicators with other augmentative communicators, their families, their communities and those who work with them.

Established and published 1982-1985 by the Blissymbolics Communication Institute;  
1985-1991 by Easter Seal Communication Institute.

**Co-editors:** Peter Lindsay & Shirley McNaughton  
**Associate editors:** Robert Haaf, Kari Harrington, Ruth Harrington, Jeff Higginbotham, Carol Lynn Katsios, Leanne McLaughlin, Colleen McGaffey, Paul Marshall, Nola Millin, Geb Verburg

**Editorial aid:** Jennifer Wiberg, Anne Archer, Annette Lindsay

**Administrative Assistance:** Bob McNaughton

**Subscriptions:** Sara-Jo Pipher

**Desk Top Publishing:** Jennifer Lindsay Whittall

**Marketing & Advertising:** Christopher Lindsay

**Typesetting & Printing:** University of Toronto

**Cover:** The cover shows Katie with a friend. (See Katie's Story, p. 16.)

**Back Issues:** Limited number available, \$5. Canadian funds.

**Subscription Rates per Year:**

Canadian - \$25.00 Cdn;

U.S. - \$23.00 U.S.;

Outside North America - \$28.00 Cdn funds.

**ISAAC Members' Rates**

Canadian - \$20.00 Cdn

U.S. \$17.00 U.S.

Outside North America - \$30.00 Cdn.

\$26.00 Cdn. funds for ISAAC Members

**Direct correspondence regarding** subscriptions, articles, advertising, subscription support, address changes and bulk mailing to:

**Communicating Together**

P.O. Box 986

Thornhill, Ontario Canada L3T 4A5

Phone enquiries: (416) 771-1491

The publisher offers **Communicating Together** as a vehicle for editors, associate editors and contributing authors to present their perspectives on augmentative and alternative communication. The views expressed are not necessarily those of the publisher although the human interest, consumer involvement and international perspective are.

The contents are copyright.

**Communicating Together** is an affiliated publication of the International Society for Augmentative and Alternative Communication (ISAAC).

**Sharing to Learn** is a member of the Canadian Magazine Publishers Association (CMPA).

Second Class Mail Registration No.7093

GST Registration No. R130220619

ISSN No. 822-0683